Application for Membership YOUTH POLICE ADVISORY COUNCIL (YPAC)

Due October 1

(PLEASE TYPE OR PRINT) **NAME ADDRESS** HOUSE # STREET CITY STATE ZIP WORK PHONE **HOME PHONE** EMAIL ADDRESS: PRINCIPAL SCHOOL NAME FULL NAME OF SCHOOL EMAIL ADDRESS: (School Liaison) TELEPHONE SCHOOL ADDRESS PARENT/GUARDIAN'S NAME FIRST PARENT/GUARDIAN'S **ADDRESS** HOUSE # STREET CITY STATE ALT PHONE PHONE EMAIL ADDRESS: MALE FEMALE CIRCLE GRADE LEVEL 9 10 11 12 **CHECK ONE** ETHNIC GROUP: African Asian Caucasian Other Latin American American American

List clubs/organizations outside of school:

Why do you want to serve on this council? (Please submit answer on separate sheet of paper and attach)

Personal talent:

Extra curricular activities:

Principal (required)	Date			
Applicant	Date	Parer	nt/Guardian (required)	Date
Will you be able to attend Satu	rday meetings? (requ	uired) Yes	s No	-
List key areas of concern or iss	sues you want to disc	uss:		
Are you able to express and just	stify your opinions?	Yes	No	_
Do you consider yourself a lead	der among peers?	Yes	No	_

For additional information or questions please call me at 713-308-3200.

Rhonda Conner, Public Affairs 1200 Travis, 21st floor **Return application to:**

Houston TX 77002

Fax number: 713-308-3217

Email: rhondar.conner@cityofhouston.net